

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Rose P. Lee DDD-Home, LLC	CHAPTER 89
Address: 99-838 Hulumanu Street Aiea, Hawaii 96701	Inspection Date: September 6, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> Resident #1 –</p> <ul style="list-style-type: none"> • “Risperidone 0.5mg oral tab take 1 tab by mouth once daily” ordered 10/10/18. Medication administration record (MAR) shows that it was discontinued on 10/18/19 however, no discontinuation order available in record for review. • “Risperidone 1mg oral tab take 1 tab by mouth daily in the morning and then another 1 tablet once in the afternoon as needed for agitation” ordered 11/16/18. MAR reflects this medication started on 10/18/19, however, no order available in record for review. • Resident was tapered off Acetazolamide in 3/2019 through 4/2019 however, there is a discrepancy between written MD orders and dates medication was tapered in MAR • The following medications were discontinued on 3/15/19 per signed physician’s orders: <ul style="list-style-type: none"> ▪ Dextromethorphan ▪ Ibuprofen ▪ Loratadine ▪ Multivitamin <p>However, MAR indicated medications discontinued on 4/4/19. There is another signed discontinuation order on 4/4/19 as well.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>→ • I corrected the deficiency: I called Doctor's office to send me copy via Fax. See enclosed.</p> <p>→ • Doctor's order on file. See attached copy.</p> <p>→ • Note: Doctor visit 3/15/2019. a) month of February (behind) b) month of March 1, 2019 (behind) I found the discrepancy when I reached home. I then called The Doctor's office. (Asked Doctor office for copy of my phone conversations. See attached.) and tried to correct the error.</p>	11-7-2019

→ • I corrected this deficiency:
D/C original order dated 3/15/2019.
2 see attached copy.

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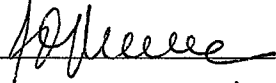
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(6) Medications:</p> <p>All physician orders shall be re-evaluated and signed by the physician every three months or at the next physician's visit, whichever comes first.</p> <p><u>FINDINGS</u> Resident #1 – Medications ordered by Neurologist on 11/16/18 and renewed on 3/15/19 a period of 4 months.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>appointment date originally 2-22-2019 @ 9:00 AM. It was cancelled due to cause. Re-scheduled 03/15/2019.</i></p>	11/7/2019


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82 CY 4-30 61.

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><u>FINDINGS</u> Resident #1 – “Sertraline 100mg oral tab by mouth take 2 tabs every morning” ordered 11/16/18 however, not transcribed to MAR for the month of 4/2019.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Created file and added for record for the month of April, 2019.</i></p> <p><i>See chart.</i></p>	11-7-2019

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Licensee's/Administrator's Signature: 
Print Name: Rose Marie P. Lee
Date: 11-7-2019

Licensee's/Administrator's Signature: 
Print Name: Rose P. Lee
Date: 12/7/2019

Physician visit ✓ list

12/9/19

- ☐ remember to take copy of current medication renewal sheet (renew meds every 3 mos.)
 - ☐ before leaving appt ✓ visit summary for accuracy
 - ☐ Does visit summary ^{medication list} match current med list?
 - ☐ remember to have a ^{copy of} phys. order for any new orders on day of appt. (with phys / APRN signature)
 - ☐ transcribe to MAR ASAP
 - ☐ have SCC double check for accuracy
- * call doctor ASAP if order clarification needed

19 DEC -9 10:28

SCC
12/9/19